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MONTELLO CARE CENTER 251 FOREST LANE

Number of Residents on 12/31/01:

Total Licensed Bed Capacity (12/31/01):

Number of Beds Set Up and Staffed (12/31/01):

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Title 19 (Medicaid) Certified?
Average Daily Census:

Non-Profit Corporation

Skilled

Yes

Yes

Yes

40

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/01)	%							
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	46. 7			
Supp. Home Care-Personal Care	No					1 - 4 Years	40. 0			
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.7	More Than 4 Years	13. 3			
Day Servi ces	No	Mental Illness (Org./Psy)	35. 6	65 - 74	11. 1					
Respite Care	No	Mental Illness (Other)	8. 9	75 - 84	26. 7	'	100. 0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	42. 2	**********	******			
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	13. 3	Full-Time Equivalent				
Congregate Meals	Yes	Cancer	0.0	Í	Í	Nursing Staff per 100 Res	i dents			
Home Delivered Meals	No	Fractures	4. 4	İ	100.0	(12/31/01)				
Other Meals	No	Cardi ovascul ar	17.8	65 & 0ver	93. 3					
Transportation	No	Cerebrovascul ar	20.0	'		RNs	6. 7			
Referral Service	No	Di abetes	4. 4	Sex	% j	LPNs	10. 2			
Other Services	No	Respi ratory	4. 4		Ì	Nursing Assistants,				
Provi de Day Programming for		Other Medical Conditions	4. 4	Male	42. 2	Aides, & Orderlies	41. 9			
Mentally Ill	No			Female	57.8					
Provi de Day Programming for			100.0	İ	j					
Developmentally Disabled	No				100.0					

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther]	Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	29	93. 5	108	0	0.0	0	14	100.0	106	0	0.0	0	0	0.0	0	43	95. 6
Intermedi ate				2	6. 5	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4. 4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		31	100.0		0	0.0		14	100.0		0	0.0		0	0.0		45	100. 0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti ons	, Servi ce	s, and Activities as of 12/3	31/01
Deaths During Reporting Period				0/ N-			т-4-1
			•		edi ng	ov	Total
Percent Admissions from:		Activities of	%		ance of	<i>J</i>	lumber of
Private Home/No Home Health	14. 9	Daily Living (ADL)	Independent	One Or 7	Γwo Staff	Dependent F	esi dents
Private Home/With Home Health	0.0	Bathi ng	4. 4	3	5. 6	60. 0	45
Other Nursing Homes	10. 4	Dressing	13. 3	5	7. 8	28. 9	45
Acute Care Hospitals	70. 1	Transferring	20. 0	5	3. 3	26. 7	45
Psych. HospMR/DD Facilities	1. 5	Toilet Use	22. 2	2	4. 4	53. 3	45
Reĥabilitation Hospitals	0.0	Eati ng	60. 0	2:	2. 2	17. 8	45
Other Locations	3.0	**************	******	******	******	*********	******
Total Number of Admissions	67	Continence		% Spe	ecial Trea	atments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	11. 1 · 1	Recei vi ng	Respiratory Care	6. 7
Private Home/No Home Health	44.8	Occ/Freq. Incontinent	t of Bladder	60. 0	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	48. 9 l	Recei vi ng	Sucti oni ng	2. 2
Other Nursing Homes	6. 9]	Recei vi ng	Ostomy Care	2. 2
Acute Care Hospitals	19. 0	Mobility]	Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	17. 8	Recei vi ng	Mechanically Altered Diets	33. 3
Reĥabilitation Hospitals	0.0]			Č	· ·	
Other Locations	10.3	Skin Care		0 t	her Resid	ent Characteristics	
Deaths	19. 0	With Pressure Sores		4.4	Have Adva	nce Directives	100. 0
Total Number of Discharges		With Rashes		0.0 Me	di cati ons		
(Including Deaths)	58	ĺ		l	Recei vi ng	Psychoactive Drugs	53. 3
<u> </u>		•			O	-	

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	Ownershi p: Thi s Nonprofi t		ershi p:	Bed	Si ze:		ensure:			
			profi t	Und	er 50	Ski	lled	Al l		
	Facility	Peer	Group	Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o	
Occurrency Detro. Avenege Deily Congres/Licensed Dede	or o	00 A	0. 96	99.0	0. 97	94.4	1 01	94.6	1 01	
Occupancy Rate: Average Daily Census/Licensed Beds	85. 3	88. 9		88. 0		84. 4	1. 01	84. 6	1. 01	
Current Residents from In-County	82. 2	78. 4	1. 05	74. 3	1. 11	75. 4	1.09	77. 0	1. 07	
Admissions from In-County, Still Residing	23. 9	25 . 3	0. 94	36. 2	0. 66	22. 1	1.08	20. 8	1. 15	
Admissions/Average Daily Census	167. 5	108. 1	1. 55	110. 6	1. 51	118. 1	1. 42	128. 9	1. 30	
Discharges/Average Daily Census	145. 0	107. 3	1. 35	90. 2	1. 61	118. 3	1. 23	130. 0	1. 12	
Discharges To Private Residence/Average Daily Census	65. 0	37. 6	1. 73	23. 0	2. 83	46. 1	1.41	52. 8	1. 23	
Residents Receiving Skilled Care	95. 6	90. 9	1.05	81.8	1. 17	91. 6	1. 04	85. 3	1. 12	
Residents Aged 65 and Older	93. 3	96. 2	0. 97	96. 8	0. 96	94. 2	0. 99	87. 5	1. 07	
Title 19 (Medicaid) Funded Residents	68. 9	67. 9	1. 01	79. 1	0. 87	69. 7	0. 99	68. 7	1. 00	
Private Pay Funded Residents	31. 1	26. 2	1. 19	18. 6	1. 67	21. 2	1. 47	22. 0	1. 41	
					0.00		0.00		0. 00	
Developmentally Disabled Residents	0. 0	0. 5	0. 00	0.4		0.8		7. 6		
Mentally III Residents	44. 4	39. 0	1. 14	60. 5	0. 73	39. 5	1. 13	33. 8	1. 32	
General Medical Service Residents	4. 4	16. 5	0. 27	11. 1	0. 40	16. 2	0. 27	19. 4	0. 23	
Impaired ADL (Mean)	56 . 9	49. 9	1. 14	46. 3	1. 23	48. 5	1. 17	49. 3	1. 15	
Psychological Problems	53. 3	48. 3	1. 10	62. 1	0.86	50. 0	1.07	51. 9	1. 03	
Nursing Care Required (Mean)	6. 1	7. 0	0. 87	4. 3	1. 41	7. 0	0.87	7. 3	0. 83	